FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90718 045 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759959

1. Entity Name
GREATER HOLLYWOOD SOCCER LEAGUE, INC.

11039718

Principal Place of Business	Mailing Address
7944 INDIGO STREET MIRAMAR, FL 33023	7944 INDIGO STREET MIRAMAR, FL 33023

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7601 N.W. 2nd Street	7601 N.W. 2nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number: 59-2349038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINS, CONNIE 7601 NW 2ND ST HOLLYWOOD, FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Connie Higgins 4/16/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILING NOW FREE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOOS, STEPHEN 7944 INDIGO STREET MIRAMAR, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Debbie Montanez 7050 Tropicana St Miramar FL 33023 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOOS, PATRICIA 7944 INDIGO STREET MIRAMAR, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Ann Lee 2005 SW 99 Terr Miramar, FL 33025 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HIGGINS, CONNIE 7601 NW 2ND ST HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TORRENS, MARINO 7884 N.W. 174 TERRACE HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Higgins 4/16/03 954 962-0372
(MANDATORY: MUST BE TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) Date Daytime Phone #

OR 305-652-6808 x215